

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050105

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12625

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 27 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

c. CITY
OR
TOWN

St. Louis

Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 401 FassenInside Limits
Yes ☐ No ☐d. STREET
ADDRESS (If outside, give location)
3018 ShenandoahReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Jeannette

Witt

4. DATE
OF
DEATH

Month

Day

Year

December

19

1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/25/1874

9. AGE (last birthday)

89

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Fulton, Ky.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Newhouse

13b. MOTHER'S MAIDEN NAME

Martha

14. NAME OF HUSBAND OR WIFE

John W

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mozelle McCormick

3018 Shenandoah

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arterio-sclerotic heart disease

INTERVAL BETWEEN
ONSET AND DEATH

5 yrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized arterio-sclerosis

DUE TO (c)

Sensitivity

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female, was there a pregnancy in last 90 days?

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct. 1958 to Dec. 19, 1963 and last saw her alive on Dec. 1, 1963
Death occurred at 2:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E. R. Sheridan M.D.

22b. ADDRESS

#16 Hampton Valley Plaza

22c. DATE SIGNED

12-19-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

removal

23b. DATE

12/20/1963

23c. NAME OF CEMETERY OR CREMATORY

Palestine Cemetery

23d. LOCATION (City, town, or county)

Fulton, Kentucky

(State)

24. FUNERAL DIRECTOR

ADDRESS

John L Ziegenhein & Sons 7027 Gravois

25. DATE RECD. BY LOCAL REG.

DEC 20 1963

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed G. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.